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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: The Estelline Journal		2. DATE: 9-25-15
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 50	3B. ANNUAL SUBSCRIPTION PRICE $ 35 + $45

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 159, Estelline, SD 57234

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 50, Castlewood, SD 57223

6. FULL NAME OF PUBLISHER: LeeAnne Dufek

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Hamlin County Publishing Inc.	PO Box 50, Castlewood, SD 57223

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	650	550
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	121	121
2. Mail Subscription (Paid and or requested)	327	329
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	448	450
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	17	17
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	465	467
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	185	83
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	650	550

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

LeAnne Dufek
(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Hamlin)

Sworn to before me this 29th day of September, 2015

Heather Schmit
Notary Public

(Seal)

My commission expires: _____

HEATHER SCHMIT NOTARY PUBLIC STATE OF SOUTH DAKOTA

My Commission Expires
October 9, 2019.

Form: SOS REC 051 8/2014